

**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Raphael DONATI et al.

Application No.: New U.S. National Stage of  
PCT/FR04/0775

Filed: September 22, 2005

Docket No.: 125017

For: SOLID-PHASE IMMUNOCHROMATOGRAPHIC METHODS

**TRANSMITTAL OF POWER OF ATTORNEY AND  
STATEMENT UNDER 37 CFR § 3.73(b)**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is a Power of Attorney from the Assignee.

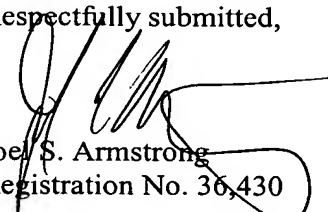
In compliance with 37 CFR §3.73(b), the undersigned hereby states that VEDALAB is the assignee of the entire right, title and interest in the patent application identified above by virtue of an assignment from the inventors of the patent application identified above. A copy of the assignment is attached hereto.

The undersigned is authorized to act on behalf of the assignee.

In accordance with 37 CFR §1.36(a), submission of this Power of Attorney revokes any powers of attorney previously given.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD  
BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NO. 25944, TELEPHONE  
(703) 836-6400.**

Respectfully submitted,

  
Joel S. Armstrong  
Registration No. 36,430

JSA/mlo

Date: September 22, 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**GENERAL POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Owner Name: VEDALAB

hereby appoints the patent practitioners associated with Oliff & Berridge, PLC Customer No. 25944 as attorneys of record to prosecute any and all patents and patent applications in which this General Power of Attorney is filed, and all continuations and divisions thereof, owned in whole or in part by the above-named owner, and to transact all business in the Patent and Trademark Office.

The undersigned is authorized to execute this document as or on behalf of the owner.

**ALL CORRESPONDENCE SHOULD BE SENT TO OLIFF & BERRIDGE, PLC,  
CUSTOMER NO. 25944, TELEPHONE (703) 836-6400.**

09/15/2005  
Date

  
Signature

Typed Name: DONATI Raphaël

Title: PRESIDENT C.E.O.  
(if acting on behalf of an Owner)

Docket No.: 125017

# DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: SOLID-PHASE IMMUNOCHROMATOGRAPHIC METHODS

described and claimed in international application number PCT/FR04/00775 filed March 26, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 03.03877 filed March 28, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	<b>Typewritten Full Name of Sole or First Inventor:</b>	<u>Raphael</u> Given Name		<u>DONATI</u> Family Name
2	<b>Inventor's Signature:</b>	<u>[Signature]</u>	Middle Initial	
3	<b>Date of Signature:</b>	<u>03</u> Month	<u>15</u> Day	<u>2005</u> Year
	<b>Residence:</b>	<u>Radon</u> City		<u>France</u> Country
	<b>Citizenship:</b>	<u>French</u>	State or Province	
	<b>Post Office Address: (Insert complete mailing address, including country)</b>	<u>4 rue d'Ecouvies, 61250 Radon, France</u>		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1	<b>Typewritten Full Name of Joint Inventor:</b>	Patrick	BIGOT
2	<b>Inventor's Signature:</b>	Given Name	Family Name
3	<b>Date of Signature:</b>	09	15
		Month	Day
	<b>Residence:</b>	Ecouche	France
		City	Country
	<b>Citizenship:</b>	French	
	<b>Post Office Address:</b> (Insert complete mailing address, including country)	Les Fours a chaud, 61150 Ecouche, France	
1	<b>Typewritten Full Name of Joint Inventor:</b>	Given Name	Family Name
2	<b>Inventor's Signature:</b>	Middle Initial	
3	<b>Date of Signature:</b>	Month	Year
	<b>Residence:</b>	Day	
		City	Country
	<b>Citizenship:</b>	State or Province	
	<b>Post Office Address:</b> (Insert complete mailing address, including country)		
1	<b>Typewritten Full Name of Joint Inventor:</b>	Given Name	Family Name
2	<b>Inventor's Signature:</b>	Middle Initial	
3	<b>Date of Signature:</b>	Month	Year
	<b>Residence:</b>	Day	
		City	Country
	<b>Citizenship:</b>	State or Province	
	<b>Post Office Address:</b> (Insert complete mailing address, including country)		
1	<b>Typewritten Full Name of Joint Inventor:</b>	Given Name	Family Name
2	<b>Inventor's Signature:</b>	Middle Initial	
3	<b>Date of Signature:</b>	Month	Year
	<b>Residence:</b>	Day	
		City	Country
	<b>Citizenship:</b>	State or Province	
	<b>Post Office Address:</b> (Insert complete mailing address, including country)		

**Note to Inventor:** Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

**This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.**